

SBAR for Community Health Worker

December 18, 2014

Situation

Community Health Worker (CHW) activities on a statewide level are new to the Bureau of Cancer and Chronic Disease Control. The Center for Disease Control and Prevention's (CDC) grant, 1305 Missouri's Actions to Prevent Chronic Disease and Control Risk Factors (MAP), requires the increased engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure. Although the CDC grant focuses on adults with high blood pressure, CHWs are being used throughout the state and nation in a variety of settings for various health care issues. A needs assessment was conducted on CHWs within Missouri to determine CHW activities, location, education and employment status. Results of the needs assessment were presented in a webinar on October 20, 2014.

Background

The Bureau of Cancer and Chronic Disease Control was awarded funds through CDC's grant 1305 in December 2013. One of the strategies included engagement of CHWs.

A CHW public health position statement was developed, which included a definition and scope of practice. Community Health Workers are frontline public health workers who are trusted members of and/or have an unusually close understanding of the communities served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.¹

Community Health Workers are liaisons with resources in the communities they serve. They play a vital role in improving Missourian's health by providing a connection between health systems and community resources, as well as education on how to reduce behavioral health risk factors. Their scope of work includes:

- Provide information about health in an effort to reduce behavioral health risk factors. Specific examples may include how to overcome modifiable risk factors, such as eating healthy and obtaining and maintaining an active lifestyle and providing encouragement to keep medical appointments.
- Assist in linking community members to medical care and a range of social services, such as where to locate affordable health care, securing transportation to the appointment and appropriate use of emergency department visits and primary care providers.

¹ (<http://www.apha.org/membergroups/sections/aphasections/chw/>)
(http://www.cdc.gov/dhdsp/docs/chw_brief.pdf)

- Reach out to community members through health fairs and community events.
- Serve as liaisons with clinical and administrative staff by providing information on cultural issues impacting health.
- Reduce social health determinants through social support, such as visiting homebound clients and providing referrals to helpful community services.
- Informally assist with goal setting and providing encouragement and motivation.
- Advocate about health issues of the community.
- Follow-up with individuals to identify barriers that prevent compliance with treatment recommendations.
- Provision of/links to community resources for individuals to achieve self-management through short-term interventions that identify barriers and ways to over-come them.

Community Health Workers can play a vital role within existing health care professional structures/organizations. Note that CHWs do not provide direct clinical care, except for blood pressure readings or glucose readings. Some examples of their role include as follows.

- Providing cultural mediation between communities and health and human services systems.
- Providing culturally appropriate health education and information.
- Assuring people get the services they need.
- Providing informal counseling and social support.
- Advocating for individual and community needs.
- Providing direct services, such as social support, care coordination and health screenings.

As CHWs connect community resources and health care systems, they have the potential to:

- Improve access to health care - by enrolling individuals into health insurance plans and supporting the individual to receive primary and preventive care, such as assisting the individual with locating an affordable health system, obtaining transportation for an appointment or assisting with translation services.
- Reduce health disparities – by delivering culturally and linguistically appropriate services.
- Improve health literacy and patient navigation – by helping individuals find their way through complex health and human service systems.
- Increase chronic illness prevention and management – by addressing social, environmental and economic barriers.

Certified or trained CHWs are currently being utilized in other states for various programs. Some states, such as Minnesota and Massachusetts, have curriculum and certification programs to receive reimbursement for services provided by the community health worker. Texas and Ohio require CHWs to show completion of an approved training program to receive certification, but there is no direct evaluation or assessment of their skills and knowledge. Indiana and Alaska

have created CHW certification programs limited to specific health services or programs, such as diabetes and breast and cervical cancer.

To determine the extent of CHWs activities, location, education and employment status in Missouri, a needs assessment was conducted through June 2014. Dr. Carolyn Cox, Truman University, was contracted to conduct the needs assessment. During the initial phone conversation with Dr. Cox, she discussed the American Cancer Society's (ACS) survey of CHWs in the Midwest. A link to the document may be found at <http://www.wilder.org/Wilder-Research/Publications/Studies/Community%20Health%20Workers%20in%20the%20Midwest/Community%20Health%20Workers%20in%20the%20Midwest%20-%20Understanding%20and%20Developing%20the%20Workforce,%20Full%20Report.pdf>. Dr. Cox and staff of MAP developed the questions for the Missouri needs assessment based on the ACS survey questions and Missouri's intended outcome. Two surveys, which are attached, were developed. One was for associations or entities that may utilize CHWs, and a second was specific for the CHW. Associations or entities utilizing CHWs were asked to forward the CHW specific survey to their CHWs. Surveys were sent to the following associations and entities.

- Missouri Public Health Association, Sandy Boeckman, Executive Director, sboeckman@mopha.org, 573-534-7977
- Missouri Primary Care Association, Susan Wilson, Chief Operating Officer and Director of the Center for Primary Care Quality and Excellence, swilson@mo-pca.org, and Kathy Davenport, Quality Improvement and Risk Management Program Manager, kdavenport@mo-pca.org, 573-636-4222
- Missouri Association of Rural Health Clinics, Jill Hancock, jill@penman-winton.com, 573-635-5090
- Missouri Hospital Association, Leslie Porth, Vice President of Health Planning, lporth@mail.mhanet.com, 573-893-3700 x 1305
- Local Public Health Agencies, Jo Anderson, Center Director, Jo.Anderson@health.mo.gov, 573-751-6170
- School Districts, Marjorie Cole, State School Nurse Consultant, Marjorie.Cole@health.mo.gov, 314-877-2848
- Regional Arthritis Centers, Beth Richards, Director, richardsjo@health.missouri.edu, 573-884-1220
- Black Health Coalition, Melissa Robinson, President, mrobinsonbhcc@yahoo.com; mrobinson@bhckc.org, 816-444-9600 x 102
- Missouri Foundation for Health, Cynthia Hayes, Program Officer, chayes@mffh.org, and Robert Hughes, President/CEO, rhughes@mffh.org, 314-345-5500/800-655-5560
- St. Louis Integrated Health Network, Bethany Johnson-Javois, Chief Executive Officer, bjohnson@stlouisihn.org, and Wil Franklin, Chief Program Officer, wfranklin@stlouisihn.org, no phone number on their web site.

Through contacts with existing partners, and those partners linking Bureau staff to other entities, CHW activities within the state are becoming more apparent. The Kansas City Health Department utilizes CHWs as Public Health Ambassadors, who assist with preparedness for public health emergencies, assisting with flu clinics and local/regional preparedness exercises. Also in the Kansas City area is a multi-agency involvement project for integrating CHWs into the health care system. The Mid America Regional Council (MARC), Metro Community College, Kansas City CARE Clinic, and other interested entities are utilizing certified CHWs to improve health outcomes.

CHWs connect community resources for those identified by health care providers as needing assistance. In the St. Louis area, the Integrated Health Network has been utilizing CHWs since 2002 in various ways to impact hospital utilization and lower readmission rates, as well as assist individuals with difficult health needs. For example, CHWs follow-up with individuals discharged from hospitals to ensure they have their discharge instructions, a follow-up appointment with their health care provider is scheduled and they have transportation to the follow-up appointment. Randolph County Care is utilizing CHWs in the faith-based arena. There are probably other communities, which we hope to learn about through a community health worker survey.

In Columbia, Centro Latino utilizes Promotoras de Salud (CHWs) at a higher level. Centro Latino utilizes licensed nurses to provide referrals to appropriate health care and follow-up for health care and pharmacy appointments, offers translation and interpretation services, provides medication management and adherence assistance, promotes healthy lifestyle choices, nutrition and daily exercise, as well as other services. Centro Latino is an example of a variation to how CHWs would be utilized through this project.

Community Health Workers may be used for a variety of health issues, such as obesity, diabetes, or high blood pressure. If the CHW is successful in assisting the individual with self management activities for their health issue, the benefits are astronomical. One of the biggest barriers for CHWs is the lack of reimbursement from Medicaid and/or private insurance for services provided. Entities that employ CHWs must cover expenditures relating to hiring CHWs through other means. Massachusetts and Minnesota have developed standards for reimbursement that have been approved by Medicaid.

The Mid America Regional Council (MARC) Regional Health Care Initiative has been developing the infrastructure for CHWs in the Kansas City area for over four years. Meetings are held monthly on the first Thursday from 9:00 a.m. – 10:30 a.m. Staff from DHSS MAP began participating on the calls in January, 2014. Accomplishments thus far include developing curriculum, based on Minnesota's curriculum, for Metro Community College, integrating CHWs in the health care system at Kansas City CARE Clinic and most recently drafting legislation for

Medicaid reimbursement. Scott Lakin, Regional Health Care Initiative Director, will be meeting with Dr. Joe Parks or Dr. Samar Muzaffar, MOHealth Net, regarding the drafted legislation. Staff from DHSS MAP have not seen the legislation, nor have any involvement with drafting the legislation.

Assessment

Community Health Workers can play a vital role in improving Missourian's health by providing a connection between health systems and community resources as well as education on how to reduce behavioral health risk factors. Specific examples may include how to overcome modifiable risk factors, such as eating healthy and obtaining and maintaining an active lifestyle, locating affordable health care and providing encouragement to keep medical appointments.

Missouri has several entities ranging from health care systems to higher education institutions to community organizations, utilizing CHWs. To prevent duplication of effort, the Bureau of Cancer and Chronic Disease Control needs to garner their skills and knowledge to develop a statewide plan for utilizing CHWs. A workgroup that focuses on integration of CHWs would provide the venue to bring the project together and plan for future endeavors. Membership would include representation from state agencies, health care providers, community organizations, higher education institutions, CHWs, and local public health agencies.

Utilizing the infrastructure developed by MARC and the Metro Community College for the CHW certificate program, this project has the potential to enhance the public health workforce. As CHWs obtain their certification, are employed, and learn skills, some may seek higher education in the health care field. At a minimum, CHWs will be an asset to the workforce. As the value of CHWs is documented in Missouri, reimbursement for their services may become a possibility, as other states have achieved.

Recommendation

1. Collaborate with local public health agencies to identify individuals to become certified CHWs.
2. Encourage local public health agencies to utilize/hire community health workers.
3. Partner with local public health agencies to be a resource for community health workers employed by health care providers, community organizations, or other entities.